



OFFICE OF THE  
PRESIDENT

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES  
F. EDWARD HEBERT SCHOOL OF MEDICINE  
4301 JONES BRIDGE ROAD  
BETHESDA, MARYLAND 20814-4799  
<http://www.usuhs.mil>



PPM-002-2000

POLICY MEMORANDUM FOR USUHS PERSONNEL

JUL 27 2000

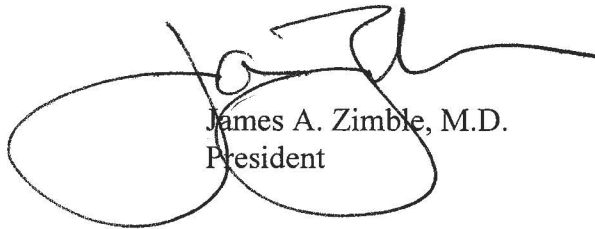
SUBJECT: Approval of Outside Activities

1. USUHS employees may engage in outside activities or employment unless there is a conflict of interest or other prohibited activity. The purpose of this policy memorandum is to reemphasize the need for **all** USUHS personnel (including those billeted at AFRRRI) to request permission to engage in outside activities using USUHS Form 1004 **before** commencing the outside activity.
2. The Government's standards of conduct at 5 C.F.R. § 2635.802 states that a Government employee "shall not engage in outside employment or any other outside activity that conflicts with his official duties." DoD's Joint Ethics Regulation (DoD Directive 5500.7-R) goes on to say that activity heads may also prohibit an activity or outside employment if it will detract from readiness or pose a security risk.
3. All activities must be approved in advance by the University. Most requests for approval of outside activities are approved but there are a number of laws and regulations that impact upon the ability of a Federal employee to engage in "moonlighting" (conflict of interest, preferential treatment, use of inside knowledge, expert witnesses restrictions, restrictions for health care providers, etc.). Each situation must be reviewed to ensure compliance with applicable Federal statutes and regulations. Please understand that this policy protects the individual from potential allegations of misconduct including criminal misconduct (financial conflict of interest, being paid by some source other than the Federal Government during Government working hours, representation of another before the Federal Government, etc.) and ensures that University employees are performing their duties unfettered by possible conflicts of interest.
4. The means for reviewing the circumstances of the employment and receiving approval is USUHS Form 1004 entitled "*Request for Approval of Outside Activity*." The process is straightforward.
  - a. Fill out USUHS Form 1004 and have it signed by your Department Chair or Activity Head. The form will be sent to the Designated Agency Ethics Official in the General Counsel's office who will review the request and write an endorsement to the approving authority (Dean SOM, Dean GSN, President USUHS). Medical students should route USUHS Form 1004 to the Brigade Commander via the Brigade Legal Officer as set forth in the Brigade Commander's Policy Directive of April 10, 2000. You may obtain a copy of USUHS Form 1004 from the General Counsel's office or it may be found on the web at <http://www.usuhs.mil/ogc/faq2.htm>

b. Note, for DoD health care providers who want to moonlight by providing health care outside DoD, approval requires additional documentation including a letter from the health care facility to the USUHS President acknowledging certain DoD-mandated restrictions. Contact the General Counsel's office for the format of these additional letters.

c. When USUHS Form 1004 is approved, it will be returned to you for your records and should be retained by you; a copy will be kept on file in the General Counsel's office. Please ensure that for all outside activities in which you are presently engaged your approval is up to date. If you do not have an up-to-date approval, please fill out a new form. Approvals are good for a maximum period of three years. A copy of USUHS Form 1004 is attached to this memorandum.

5. If you have any questions, please direct them to the Designated Agency Ethics Official, Brad Beall, in the General Counsel's office at 295-3028.



James A. Zimble, M.D.  
President

Attachment  
USUHS Form 1004

## REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY

USUHS FORM 1004 (Note to Employee: See Information on Reverse Side of This Form)

1. NAME (Last, First, Initial)	2. DEPARTMENT/ACTIVITY
3. TITLE OR POSITION	4. GRADE OR RANK
5. NAME, ADDRESS AND BUSINESS OF PERSON OR ORGANIZATION FOR WHOM OUTSIDE SERVICES WILL BE PERFORMED/SELF-EMPLOYMENT	6. LOCATION WHERE SERVICES WILL BE PERFORMED
7. NATURE OF ACTIVITY (Indicate type of activity, e.g., teaching, consultative services, etc., and give full description of specific duties or services to be performed. Specify, when possible, the scheduled days of week and hours or day proposed activity will be performed.)	
8. ESTIMATED TIME INVOLVED IN OUTSIDE ACTIVITY	
a. PERIOD COVERED (no more than 3 years)  FROM                      TO	b. ESTIMATED TOTAL TIME DEVOTED TO ACTIVITY (If on a continuing basis, give estimated time per year)
c. WILL WORK BE PERFORMED ENTIRELY OUTSIDE USUAL WORKING HOURS?  <input type="checkbox"/> YES <input type="checkbox"/> NO (Leave will be taken for _____ hours or _____ days)	
9. DO YOUR OFFICIAL DUTIES RELATE IN ANY WAY TO THE PROPOSED ACTIVITY? <input type="checkbox"/> YES <input type="checkbox"/> NO (DESCRIBE)	
10. IF PROVIDING CONSULTATIVE OR PROFESSIONAL SERVICES, ARE YOU OR WOULD BE ASSOCIATES RECEIVING OR WILL THEY SEEK A GRANT OR CONTRACT FROM A FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (DESCRIBE)	
11. METHOD OR BASIS OF COMPENSATION  <input type="checkbox"/> FEE <input type="checkbox"/> HONORARIUM <input type="checkbox"/> PER DIEM  <input type="checkbox"/> PER ANNUM <input type="checkbox"/> ROYALTY <input type="checkbox"/> EXPENSES  <input type="checkbox"/> OTHER (Specify)	12. WILL COMPENSATION BE DERIVED FROM A GOVERNMENT GRANT OR CONTRACT?  <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE)
13. THIS REQUEST IS MADE WITH THE FULL KNOWLEDGE OF DEPARTMENT AND PRINCIPAL OPERATING COMPONENT POLICY AND PROCEDURES ON OUTSIDE ACTIVITIES. THE STATEMENTS I HAVE MADE ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
15. DATE	16. ADDITIONAL INFORMATION ATTACHED  <input type="checkbox"/> YES <input type="checkbox"/> NO
17. ACTION RECOMMENDED (Department Chair or Department Head)	
a. <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	b. SIGNATURE
c. TITLE	d. DATE
18. ACTION TAKEN	
a. <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	b. SIGNATURE
c. TITLE	d. DATE

**REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY**  
**USUHS FORM 1004**

The Department of Defense is required by the Privacy Act of 1974 to disclose the following information to you prior to your completing the attached USUHS Form 1004.

Therefore, in accordance with Section 3(e)(3) of P.L. 93-579 (the Privacy Act of 1974) you are advised that:

1. Executive Order 12674 authorizes the Department of Defense to collect the information requested on this form.
2. The information disclosed by you on this form will be used in considering your request to determine whether a conflict of interest would exist between the outside activity and your official duties.
3. The information supplied by you will be treated as Confidential and made available only to specifically authorized persons.
4. Your disclosure of the information requested on this form is voluntary. However, your failure to provide the information requested on this form will preclude approval of the outside activity.

---

Signature

---

Date

**INSTRUCTIONS**

**Item 5 - Self-Employment:** If applicable, indicate self-employment, the type of service (as medical, legal, etc.), whether alone or with partners, giving their names, and , if providing professional services to a large number of clients or patients, estimate the total number rather than listing them separately.

**Item 10 - Federal Grants or Contracts Involved:** Describe the Federal grants or contracts (type, granting of contracting department, etc.). Full details must be provided on any aspect of professional and consultative services which involves, directly or indirectly, the preparation of grant applications, contract proposals, program reports, and other material which are designated to become the subject of dealings between institutions and government units and the Federal Government.

**Item 16 - Attachments:** Be sure to sign copies of all attachments submitted.

---

**Item 17 - COMMENTS OF RECOMMENDING OFFICIAL:**

---

**Item 18 - REASON FOR DISAPPROVAL:**